Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/21/2010</u>	Address:	303 N. Thayer St.	
Case #:	24F32180		Bourbon, IN 46504	
County:	<u>Marshall</u>		·	
Type of La	boratory Seizure (check one)	Seizure Location (e	e Location (check all that apply)	
=	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): shed				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: shed				
Water Reactive Metal (Lithium): shed				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s): shed				
Corrosive Acid: shed				
Corrosive Base:				
Other (item and location):				
☐ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information c/Pseudoephedrine Tracking Log erchant Tip	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ment: <u>Bourbon Fire Dept</u> artment: <u>Marshall Co.</u> ction Service: <u>n</u> /a	Fax: <u>(574)</u> Fax: <u>(574)</u> Fax:	936-9247	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. John Wilson</u> Phone <u>574-546-4900</u>				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case life, and a copy sent to the Clandestine Laboratory Team Leader for retention.